

RECORD REVIEW

Report Due: Monthly for the first 6 months of full compliance and then quarterly thereafter.

Case #: _____

Name of Probationer: _____

Profession: _____

DOPL

ATTN: COMPLIANCE UNIT

PO BOX 146741

SALT LAKE CITY UT 84114-6741

Number of charts reviewed _____

This number represents what percent of total charts? _____

How were the charts selected? _____

Have you read the conditions of probation? ☐ Yes ☐ No. *If No, please read it before submitting this document.*

What is the focus of review? _____

Please comment on whether the patient records represent an appropriate standard of care for the community or specialty in the area of licensing concern. _____

Name of Reviewer (Please Print)

Signature of Reviewer

(____) ____-____
Phone Number

____/____/____
Signature Date